



# Distribution Center Order Form

Agency's / Venture's Name: \_\_\_\_\_

Room: \_\_\_\_\_ Date: \_\_\_\_\_

ITEM	QUANTITY	COLOR	SIZE	PRICE	TOTAL
Grand Total	<div> <div></div> <div></div> <div></div> <div></div> </div>				

Approved By: \_\_\_\_\_  
Teacher/Facilitator
Student Manager

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
Distribution Center

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 Distribution Employee Use Only

Filled By: \_\_\_\_\_ Date Filled: \_\_\_\_\_

Received \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

X \_\_\_\_\_ 33  
Distribution Center Authorized Employee Signature
Date

White Copy: Cashier \_\_\_\_\_ Pink: Inventory \_\_\_\_\_ Yellow: Agency/Venture \_\_\_\_\_